DELAWARE EMERGENCY MEDICAL SERVICES OVERSIGHT COUNCIL

MEETING MINUTES

May 9, 2018

The meeting was called to order by Chairman Robert Stuart, Delaware State Fire School, Classroom 5 in Dover. Those in attendance were as follows:

Council Members

Chris Klein Dept. of Safety & Homeland Security (Alt.)

Jason Baxley DSP Aviation

Kate Groner ACEP

Glenn Luedtke Sussex County Member at Large

Larry Tan New Castle County EMS
Alan Robinson Fire Prevention Commission

Maria Diaz EMSC

Ross Megargel State EMS Medical Director
Bruce Nisbet Medical Society of Delaware
Steve Murphy Trauma System Committee

Karyl Rattay DHSS

Earl Brode Police Chiefs Council (Alt.)

Jay Jones DVFA

Mike McMichael DVFA Ambulance Committee

Council Staff

Diane Hainsworth OEMS
Jacki Poore OEMS

Guests in Attendance

Matthew PraggDSPAshley DukesKCEMSBritany HussOEMSJeffrey CoxSCEMSWarren JonesDVFABrent WaningerOEMSRobert NewnamDSFS

I. INTRODUCTIONS

DEMSOC members, staff and guests introduced themselves.

II. APPROVAL OF MINUTES

The minutes from the February 21, 2018 meeting were reviewed and approved, with the correction of spelling of Mark Logemann's name.

III. PUBLIC HEALTH PREPAREDNESS UPDATE

Diane Hainsworth reported that they participated in the Atlantic Fury Full Scale exercise, which tested the EMAC and EmPower data from HHS.

On June 19th they will be holding a Mass Care Functional exercise, in which they will work with shelter partners to test the DHSS Mass Care Plan.

IV. NEW BUSINESS

1) Opioid Update

Karyl Rattay reported that according to DEMRS data there were 2700 naloxone administrations last year and the numbers continue to increase this year. They have identified a strong need to manage how to handle overdoses in a prehospital and acute care setting. Work continues on the treatment side of the spectrum. She reported that they are moving forward with the system of care approach, they have drafted a piece of legislation that is likely to be filed soon. Some of the things that the system of care approach would do include: bringing everyone together to help improve patient care; discussion on stabilization centers, which is a new concept that would allow EMS to take the patient directly to a center that specializes in overdoses; discussion on Levels of Care similar to the Trauma System in which it would allow the Secretary of DHSS to designate emergency departments as overdose system of care facilities. The hope is to create an efficient system that works for all the players and improves the flow and decreases the number of overdoses.

Diane Hainsworth reported that they held the system of care meeting in March, there was a survey sent out to attendees, the results of the survey was that the system of care approach is very well received. A couple of items coming out of that meeting will start very soon and are: they are in the process of working with Christiana Care to come under contract in regards to looking at who it is that is overdosing using DEMRS data; currently working with Sussex County to be technical assistance for first responder's, teaching narcan administration, teaching empathy as well as teaching getting back to basics.

Karyl Rattay made the group aware of another piece of legislation that was introduced yesterday. They have been working with the Division of Public Regulation on the prescription monitoring program. They have identified a disconnect in that prescribers are not aware that there patient has overdosed. It is in the very early stages but they are looking at ways for the PCP to be able to see that their patient has had a non-fatal overdose when looking at patient records.

VIII. OLD BUSINESS

1) Agency Reports

Fire Commission

Alan Robinson reported that they had a hearing in March regarding an EMT operating an ambulance while on prescription medication. The DAG recommended a 1 year suspension and a drug evaluation program, which they agreed with.

They have an ongoing discussion about Mid Sussex ambulance, they do not have enough information at this time to take action.

They will have another discussion with Marydel over their scratch rate.

The next meeting is next Tuesday at 9 am.

New Castle County

Chief Tan reported:

On March 20, 2018 New Castle County publicly announced the availability of the PulsePoint app that notifies CPR-trained individuals that are nearby a possible cardiac arrest situation in a public location. Within 2 weeks, a citizen responded to a sudden cardiac arrest case in a supermarket after receiving a PulsePoint notification of the incident. New Castle County is also promoting the verification of publicly accessible AED's via the PulsePoint AED app. The PulsePoint AED app permits the upload of digital photos of AED's that will be displayed if the PulsePoint app issues an alert to a CPR-trained responder in the immediate area of an event.

New Castle County EMS is working with the County Office of Human Resources for the promotional process for EMS Lieutenant positions. The county is also planning on the promotional process for Paramedic Sergeant, since the Lieutenant will likely be filled by a current Paramedic Sergeant. The EMS Division has two vacant EMS Lieutenant positions.

New Castle County EMS hosted their 6th Annual Sudden Cardiac Arrest Survivors' Reunion on February 27th. New Castle County highlighted 53 out-of-hospital sudden cardiac arrest cases that resulted in the successful discharge of the patient at a CPC-1 level (Good Cerebral Performance; Conscious, alert, able to work and lead a normal life). New Castle County has recognized over 1,400 citizens, tele communicators, law enforcement officers, firefighters, EMT's and paramedics for their contributions to a strong chain of survival in the six years of the program.

New Castle County EMS is in the process of a complete technology upgrade throughout the service. All mobile and desktop computers will be replaced with new technology at EMS Headquarters and all remote paramedic stations. The Emergency Medical Services Division was cited as having the oldest laptops in the entire county inventory. The improved technology will better support the paramedics and their delivery of care.

DSP

Jason Baxley reported that they are moving forward with the Trauma Kits for every car, there is a bid out to purchase 500 kits.

They are moving forward with looking to purchase belt worn tourniquets, they are looking to purchase 750.

They have stopped field testing narcotics, they have seen a decrease in exposure. They are also looking to provide narcotic handling kits for troopers.

They have received approval to replace 48 AED's.

They are looking to get 4 new trooper medics by 2019, they are waiting on approval.

OEMS

Diane Hainsworth reported that on June 27th they are holding a Trauma Surge workshop & tabletop exercise.

They are in the process of updating the infectious disease designated officer program and training. They have hired a new staff member to assist with the narcan and public safety officer programs.

The office is working on a new ImageTrend training that will be coming soon and available through DeTrain.

Medical Direction

Ross Megargel reported that they are going through the new standing order protocols. The ALS committee, the critical care interfacility committee and the BLS committee have submitted their requests to medical direction and they are going through those line by line. The next meeting is next Wednesday at 9 am.

They held a base station course yesterday which they trained 20 new base station doctors.

EMSC

Maria Diaz reported that they continue to progress with their Pediatric Emergency Care Facility recognition program, with voluntary and active participation from all the hospitals.

Their next meeting in May 29.

Trauma System

Steve Murphy reported that the Trauma Symposium was held last week.

Tomorrow at Legislative Hall they will be holding a Stop the Bleed event in which they will be training members of the legislature on the national Stop the Bleed campaign.

Ambulance Committee

Mike McMichael reported that DSEMSA met last month, their next meeting in on June 19th at the Delaware State Fire School at 7 pm.

The national EMS bike ride is coming to Delaware next Thursday.

Sussex County Member At-Large

Glenn Luedtke reported that the event report for the 1^{st} quarter 2018 was sent out. They are seeing an increase in incidents and violence reports.

Some private ambulance companies are beginning to use the sprinter chassis in their ambulances which in their opinion is a much safer option.

Sussex County

Jeff Cox reported:

The Sussex County EOC currently has no vacancies.

<u>CAD System</u>: Their CAD Mobile interface has experienced a significant upgrade with another in process. This more streamlined and responsive system has been a big hit with the staff. Coming soon will be the mobile CAD interface integrated on cellphones of supervisory and administrative staff.

<u>Mobile Command</u>: Sussex EOC has received delivery of a new mobile command center. This replaces a 20 year old mobile command center with modern technology.

Sussex County EMS

<u>Personnel</u>: They currently have five vacancies. They recently held interviews and have offered positions to four. They are actively recruiting for new employees. We continue to recruit out-of-state candidates from local and regional training centers as well as in-state graduates from Del Tec (DTCC). SCEMS would like to acknowledge the quality of the DTCC students of late and thank DTCC for their hard work.

<u>CARES Registry:</u> Their competition team won gold at the National Paramedic competition JEMS games. They competed against 24 teams from around the world to include flight crews. Their team was first in the fully-revamped preliminaries and continued to win gold in the mass casualty scenario that purposefully overwhelms the team.

<u>AHA 2017 Mission Lifeline Award:</u> SCEMS has submitted their application for Mission LifeLine again this year. Based on their data we should be in line for Gold level this year.

<u>Professional Development:</u> SCEMS has embarked on an initiative of professional development for all levels of leadership within the department. In addition to year-long Leadership Development programs, they now have multiple master's degree staff, CEMSO designated staff and Executive Fire Officer and Managing Officer credentialed staff.

<u>Mobile Integrated Healthcare (MIH):</u> They were awarded a partial grant through the Jessie Ball duPont Fund that was matched by Beebe hospital for

COPD MIH program. SCEMS has approval from their county administration to move forward and they have held initial meetings with OEMS. They have a few more administrative hurdles with OEMS and are still moving forward. They are hoping to go live around July 1^{st} , 2018.

Active Assailant (RTF): Their RTF group has conducted extensive CRASE training with county employees and have assisted in the placement of Stop the Bleed bags throughout our county complexes. They have started expanding this program to civic organizations and towns and have been met with overwhelmingly positive response.

<u>Accreditation</u>: SCEMS has started their CAAS accreditation initiative and expect to request a site visit by the end of FY19. They estimate that they are 40% complete with the application but now that our Manager of Quality and Standards is nearing completion of his ImageTrend initiatives this process is moving at a rapid pace.

West-side reconfiguration: SCEMS has reconfigured their staffing and deployment model for the west side of the county. The double medic unit is now in Seaford and the single medic is in Bridgeville. Their West-side supervisor has relocated to the Bridgeville station. This move is to address the high volume of calls in the Seaford area that equal the call volume of all other fire districts on the west side combined. During the pilot program, they demonstrated a 25% reduction in response times for all west side fire districts. This reconfiguration went live June 1st, 2018.

ImageTrend Elite: SCEMS is getting ready to implement the QA process built into Elite. This system will route reviews between the medics, FTO's and quality staff. They have created complaint specific reviews for many patient types such as stroke, stemi, trauma, difficulty breathing etc. They are hoping that this will revolutionize our review process. SCEMS has noticed that since the demise of EDIN, they have sorely missed the variance system and would like to inquire with the state if this system is available within Elite.

VIIII. PUBLIC COMMENT